


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature   <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)            DOYLE <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery            3-27-08</p>	
<p>1. Article Addressed to:</p> <p>U.S. Attorney            219 S. Dearborn, 5<sup>th</sup> Floor            Chicago, IL 60604</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number            (Transfer from service label)</p>	<p>7006 0810 0004 0926 8270</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540